



Practitioner's Docket No. PRD2043-USNP

MAY 16 2006 8

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**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: J. E. Berkner et al.

Application No.: 10/790,274

Group No.: 1625

Filed: March 01, 2004

Examiner: R. K. Covington

For: ONE STEP PROCESS FOR THE PREPARATION OF ANTICONVULSANT DERIVATIVES

**Mail Stop Petition**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**PETITION TO ACCEPT A DELAYED CLAIM FOR PRIORITY UNDER  
35 U.S.C. 119(e) (37 C.F.R. § 1.78(a)(6))**

1. Applicant hereby petitions, in accordance with § 1.78(a)(6), to accept a claim for priority for this application under 35 U.S.C. 119(e) from:

United States provisional application serial number: 60/451,863

Filed on: March 4, 2003

2. Applicant states that the entire delay between the date the claim for priority was due under paragraph (a)(5)(ii) of 37 C.F.R. § 1.78 and the date this claim is filed was unintentional.
3. An amendment under 37 C.F.R. § 1.312 containing the reference required by 35 U.S.C. 119(e) and 37 C.F.R. § 1.78(a)(5) is submitted herewith.

05/17/2006 SFELEKE1 00000017 100750 10790274

01 FC:1454 1370.00 DA  
Adjustment date: 08/31/2006 AKELLEY  
05/17/2006 SFELEKE1 00000017 100750 10790274  
FC:1454 1370.00 CR

**CERTIFICATION UNDER 37 C.F.R. § 1.8(a)**

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 with sufficient postage as first class mail.

/Mary A. Appollina/

\_\_\_\_\_  
Signature

Mary A. Appollina, Reg. #34,087  
(type or print name of person certifying)

Date: May 12, 2006

4. The surcharge fee set forth in § 1.17(t) required by 37 C.F.R. 1.78(a)(6), is paid as follows:

Authorization is hereby made to charge the amount of \$1,370.00 to Deposit Account No. 10-0750/PRD-2043/MAA.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

/Mary A. Appollina/

Date: May 12, 2006

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Mary A. Appollina, Reg. #34.087  
Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933  
732-524-3742

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                        |   |   |                       |             |   |   |    |   |   |   |   |
|--|---|---|-----------------------|-------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>08/20/06</u>                   |   | 2 Serial/Patent # <u>10/790,274</u>   |                       |             |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                |   | 4 PAPER NUMBER  | 5 DATE FILED          | 6 AMOUNT    |   |   |    |   |   |   |   |
| <input type="checkbox"/>                             | Filing  |   |                       | \$          |   |   |    |   |   |   |   |
| <input type="checkbox"/>                             | Amendment   |   |                       | \$          |   |   |    |   |   |   |   |
| <input type="checkbox"/>                             | Extension of Time   |   |                       | \$          |   |   |    |   |   |   |   |
| <input type="checkbox"/>                             | Notice of Appeal/Appeal                                     |   |                       | \$          |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                  | Petition  |   | 05/16/06              | \$ 1,370.00 |   |   |    |   |   |   |   |
| <input type="checkbox"/>                             | Issue   |   |                       | \$          |   |   |    |   |   |   |   |
| <input type="checkbox"/>                             | Cert of Correction/Terminal Disc.                           |   |                       | \$          |   |   |    |   |   |   |   |
| <input type="checkbox"/>                             | Maintenance   |   |                       | \$          |   |   |    |   |   |   |   |
| <input type="checkbox"/>                             | Assignment  |   |                       | \$          |   |   |    |   |   |   |   |
| <input type="checkbox"/>                             | Other   |   |                       | \$          |   |   |    |   |   |   |   |
|  |   | 7 TOTAL AMOUNT OF REFUND  | \$ 1,370.00           |             |   |   |    |   |   |   |   |
| 10 REASON:   |   | 8 TO BE REFUNDED BY:  |                       |             |   |   |    |   |   |   |   |
| <input type="checkbox"/>                             | Overpayment   | <input type="checkbox"/>  | Treasury Check        |             |   |   |    |   |   |   |   |
| <input type="checkbox"/>                             | Duplicate Payment   | <input checked="" type="checkbox"/>   | Credit Deposit A/C #: |             |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                  | No Fee Due (Explanation):<br><br>Petition dismissed as moot | 9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>0</td><td>--</td><td>0</td><td>7</td><td>5</td><td>0</td></tr></table> |                       |             | 1 | 0 | -- | 0 | 7 | 5 | 0 |
| 1  | 0   | --  | 0                     | 7           | 5 | 0 |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                              |   |   |                       |             |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Kenya A. McLoughlin</u>       |   | TITLE: <u>Petitions Attorney</u>  |                       |             |   |   |    |   |   |   |   |
| SIGNATURE: <u>Kenya A. McLoughlin</u>                |   | PHONE: <u>2-3222</u>  |                       |             |   |   |    |   |   |   |   |
| OFFICE: <u>Petitions</u>                             |   |   |                       |             |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** |   |   |                       |             |   |   |    |   |   |   |   |
| APPROVED: <u>Chell</u>                               |   | DATE: <u>8/31/06</u>  |                       |             |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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